

Nevada State Business License Certificate of Amendment "Other"

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

This form is for the use of a business that is not a sole proprietor or partnership or that is not required to organize pursuant to Title 7 of NRS. It <u>MAY NOT</u> be used by those entities organized and on file with the Secretary of State that file an annual list.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

- 1. Print legibly or type all information on this form.
- 2. Enter the name and NV Business ID # exactly as shown on State Business License certificate and as on file with the Secretary of State.
- 3. File online at www.nvsos.gov, or,
- 4. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada, 89701-4201, (775) 684-5708.
- 5. This form must be signed by a responsible party. FORM WILL BE RETURNED IF UNSIGNED.

4 *	
11"	Name as it appears on Business License
2*	
2*	NV Business ID # (NV Secretary of State - issued, may be found on State Business License)
3	The State Business License is hereby amended as follows: (Check the box of the information you are changing)
	Entity Name
	IMPORTANT: Name change requires document certifying a legal name change. If this is not provided, amendment will be rejected.
	Phone # ()
	Physical Physical
	Address Physical Street Address City State Zip Code
	State Zip Gode
	Mailing Mailing
	Address PO Box or Street Address City State Zip Code
	,
	Email
	Address
4*	Signature must be that of a responsible party of the entity amending the State Business License.
	I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the
	Secretary of State.
	First Name Middle (Optional) Last Name Suffix Title
	Signature Date